

WOMEN AND EXERCISE

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Abstract: This paper examines the social attitudes and expectations that limit women's freedom to move in the world. The history of gendered attitudes to exercise, current gendered differences in patterns of exercise and issues of body image and ageing are discussed. The importance of these issues when considering exercise as a preventative health measure is emphasised.

Key Indexing Terms: Women, exercise, sport, eating disorders.

INTRODUCTION

"Conventionality has indeed curtailed feminine force by hindering healthful and varied activity." (Antoinette Brown Blackwell 1875) (1).

Women have been freed from the physical restraints of the corsets popular in Antoinette's day, but the constraints of social attitudes and expectations still restrict our freedom of movement. These are the psychological corsets of today. Exercise has been shown to be of significant benefit to preventative health and general well being. However women's bodies are never free to move without attitudes of femininity, appropriate appearance and sexist assumptions playing a part. "Because sexism is part of the everyday discourse of sports - a taken-for-granted way of thinking and behaving - it forms the basis of institutionalised discrimination" (2). This paper will examine some of the issues and attitudes that affect women's freedom to exercise and their implications for preventative health programs. These are applicable at both broad and individual levels and deserve due consideration when developing policies and when recommending individual exercise programmes in daily practice.

GENDER DIFFERENCES IN LEVEL AND TYPE OF EXERCISE

The gender differences in physical exercise occur in the amount done over the life cycle, attitudes and skill levels. A 1985 Australian fitness survey found the more girls were unfit compared to boys (3). Other research shows that girls tend to stop regular physical activity earlier and are less likely to return to it later in life (4). This results in the fact that about twice as many men play sport as women (5). The most recent Australian fitness study in 1992 which surveyed 2298 people shows an

improvement in women's levels of exercise with 19% of women reporting that they take part in vigorous exercise once or twice per week compared to 22% of men in the same category. In the top category, those who exercise vigorously more than three times per week 15% of women were represented compared to 19% of men (6).

Body image, sex roles, peer pressure and lack of confidence are some of the factors affecting these findings. Attitudes towards exercise are learned in childhood where girls are encouraged to be passive, docile, unadventurous and safe. In the school yard girls play hopscotch and skippy while boys play football and cricket. Boys are expected to get dirty and sweat while paying vigorously while girls are encouraged in activities that teach "grace and style not strength and speed" (5). The 1992 Australian fitness survey found that "shyness, lack of money and not enjoying physical activity were barriers for twice as many women as men", (with men citing these reasons in 35% of cases and women in approximately 70% of cases) (6).

Those women that do exercise do so as much as men but have different attitudes towards their activities. A study of 200 physically active men and women found that there was no sex differences in the degree of activity but the women were more likely to be exercising to lose weight (75%) while a significant proportion of men (33%) wanted to gain weight, or more specifically muscle bulk. Women reported greater body dissatisfaction and body focus than men and also exercised to feel better physically and mentally (7). Generally it seems women exercise to get smaller and men exercise to get bigger !

There is a large difference in the type of exercise preferred between the sexes. Women strongly prefer aerobics and walking, swimming is equally popular and men prefer gym and cycling (6). The popularity of aerobics with women is not however without its questionable side, "Aerobics had been successfully packaged to persuade women, specifically, to participate in order to lose weight and improve their sex-appeal, rather than for reasons of fitness and enjoyment or for competition" (2).

GENDER DIFFERENCES IN PHYSICAL SKILLS

The prevalence of phrases such as 'playing like a girl' show the effect of sex role stereotyping on physical activity. These attitudes are present from the school yard to the upper levels of professional and Olympic sport (2). This attitude affects women by giving the message that women's sport is inevitably inferior. It also has a negative effect on most men who do not live up to the macho sportsman ideal (2). Many coaches believe one of

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their most effective weapons in motivating players is to cast doubts on their masculinity by suggesting they are "playing like a girl" (9). Until these comments cease to be derogatory and therefore become defunct, they will continue to illustrate the barrier of sexism in sport.

The pervasiveness of these attitudes and their negative effect on both sexes is illustrated by the following account by Mike Messner, an American sociologist. He tells the story of standing on the balcony of his university rooms and watching an inter-university women's softball game. He was joined by a colleague who remarked after a brilliant piece of teamwork and ball skills "You know, it amazes me to see a woman throw like that. I always thought that there was something about the female arm that made it impossible to throw like a man." Mr. Messner then recounts his own childhood disgrace when told he 'threw like a girl' and the hours spent on the front lawn with his father who zealously taught him to 'throw like a man'. He states that, "throwing like a girl" is actually a more anatomically natural motion for the human arm. "Throwing like a man is a learned action which can, repeated over time, actually seriously damage the arm" (8).

Ball skills, co-ordination, dexterity etc., are largely learned, not innate or biological facts (8). Therefore, sex role attitudes are crucial to the encouragement to learn and the approach to teaching these skills successfully and safely to both boys and girls. "(Sports can be oppressive for both men and women, but they also have the potential to be liberating for both sexes)" (2).

It is not enough however to simply take sport as it is and 'add women' as sport has been developed in a mainly male model. "It is seen to be predominantly a male activity and one of its major functions is the construction and confirmation of masculinity;..." (9). The male, competitive driven model has been challenged by 'Life Be In It' type games which emphasise participation, teamwork and fun, and by sports such as Korfbal and Touch Football (6) but much more development in this area is needed. "It has been argued that the presentation of sport for women has been based on the male model. This model assumes that those who play sport are motivated almost solely by the desire to compete, and it reinforces the patriarchal nature of our society. Little or no recognition has been given to the needs of those, including women and men, who find this model particularly inappropriate" (9).

THE HISTORY OF GENDERED ATTITUDES TO EXERCISE

Patricia Vertinsky has studied the late nineteenth century attitudes to women's health and physical exercise extensively. She states that "medical theory and practice

functioned as a social force to shape and limit the ways in which females viewed their physical potential" (10). These historical attitudes to gender and exercise are important in understanding current attitudes.

The medical theories of the day were largely based on a conservation of energy proposal. Women, it was assumed, had only a finite amount of mental and physical energy, and because child-bearing and mothering was their prime role and an obviously draining one, all other energy expenditure both physical and mental was kept to a minimum. The balance of exercise and rest was thought to be crucial to the maintenance of health and varied according to a woman's stage of life. In childhood girls were encouraged to take part in vigorous activity, "fresh air and frolic" in an attempt to build strength and health to store up energy for their future mothering roles (10).

At menarche vigorous activity ceased and energy was saved for the demands of the reproductive system. Physical activity was restricted to kitchen, washroom and garden pursuits.

All women's illness was thought to derive from imbalances in the reproductive organs thus "the constant threat of disease and nervous disorder must be held at bay by exercising those lifestyle habits which would best ensure the smooth functioning of her reproductive organs and careful expenditure of scarce energy" (10).

After menopause, (her primary function having been served!), moderation in all things was recommended to the nineteenth century woman. Only about 15% of women lived beyond menopause at that time and any sickness in those that survived was usually explained by the violation of physiological laws in their younger days by 'unfeminine activities' such as attempts at birth control, abortion, too much education, or heightened sexuality (10). These edicts applied only to the patients of doctors, who were of course middle to upper class women. For lower class women, long working hours in industry and at home would have made 'exercise', and indeed 'rest', meaningless concepts.

The restriction of physical activity from the time of menarche was a powerful form of control that upheld and reinforced patriarchal attitudes. This was detrimental to women's health not only by denying them physical exercise and freedom but by ignoring causes for disease other than imbalanced wombs. "The pressures which precluded women from sport were almost wholly based on myths and occasionally regulations which asserted that girls and women who participated in sport jeopardised both their femininity and the ensuing likelihood of them becoming good wives and mothers" (9).

BODY IMAGE - THINNESS

Anorexia and bulimia are serious problems for an increasing number of young women in our society. "Minimal eating habits associated with excessive exercise contribute to the ill health of many younger women, along with a poor body image" (4). The extreme behaviours and distortions a body image seen in these eating disorders are however only a difference of degree from average attitudes (11).

The ideal body upheld by society today is thinner and sleeker than ever before. Diets are promoted for fast weight loss which can be dangerous and is usually temporary. The fat and sugar content of foods is scrutinised and food groups like dairy products are often avoided because of their fattening image. These diet considerations affect women with eating disorders most noticeably but they are present to some degree in most women. The mediums of television, advertising and magazines, constantly uphold an ideal that is not only unattainable for most women, but extremely unhealthy to attempt (7). Scientists have estimated that the current ideal as represented by professional models usually have between 10 and 15% body fat compared to the 22 to 26% in healthy women of normal weight (12,13).

A balanced diet and regular exercise is important in a health promoting lifestyle but too much or too little of either is a dangerous pattern. Weight loss is a common reason quoted by women generally for exercising, which can then be taken to extremes in the excessive exercise used by anorexics to control their weight (7). Some studies show that a significant proportion of women, even those who are normal weight or below and exercise regularly have a fear, indeed a terror of being fat which can lead to excessive exercising and eating disorders (14). Using or reinforcing fear or anxiety as motivating factors in body maintenance should be consciously avoided in any health program. This oppressive fear of fat needs to be refuted and countered not encouraged by further emphasis.

Most current treatment of eating disorders is concentrated on the limitation of these excessive individual behaviours but does not address the social factors that precipitate the behaviour. "Present orthodox treatment regimes concentrate on removal of symptoms (for example via behaviour modification programmes). Such emphasis ignores the social economic, and political factors which made it necessary for young women to respond to oppression through excessive control of food intake, body shape and weight" (15).

Issues of confidence and self esteem are crucial in these eating disorders and the Australian National Women's

Health Policy states that, "Discussion paper respondents indicated the health and human relations programs in school should focus on young women's self-esteem, positive body image and confidence building. Linking well being with good nutrition and appropriate exercise is essential" (4) (my emphasis).

BODY IMAGE - FATNESS

People who are fat face discrimination on many levels, the lack of freedom to move and exercise is one. Some women have written about these issues; in regard to dance, "Thin people have more freedom to develop themselves through dance and exercise.... I resent the assumption that I am here to lose weight, resent the assumption that someone cannot be in good physical shape except when she has a slim body" (16), and in softball, "I'm sure that a few people - players and spectators - would find it a very funny sight to see a fat woman running the bases. This kind of harassment makes it impossible for me to feel like I can participate in softball, or in any other sport for that matter" (14). In the 1992 Australian fitness survey 88% of women who did not exercise stated that the reason that they did not exercise more was that they were too fat, only 12% of men gave the same answer (6). The legitimate fear of discrimination is a major barrier to women of size being able to move freely in the world in exercise or in life generally.

Pat Lyons, author of *Great Shape: the First Exercise Guide for Large Women*, makes the point that beyond the shared problem of attitudes to women and sport, "fat women are ridiculed and make the objects of scorn in the standard fitness environment, particularly if they do not lose weight for their efforts" (18). Her book is based on the idea that fat and fit are not mutually exclusive terms, and addresses many of the issues involved for large women, from where to get a swim suit your size, to sports psychology principles. Her brave dream is for women to learn that "our bodies can move with grace and power at any size, can bring us pleasure as we gradually unlearn the lies the world has embedded in our psyches - that our bodies are ugly, clumsy and should remain hidden" (18).

AGE

"The persistent view of old age as a time for accepting an inevitable decline in health and vigour continues to shape the exercise patterns of elderly women" (19). Being a woman implies social attitudes towards physical activity, being old and a woman is a "double jeopardy" in the restraint of activity. Fear of injury, bone fracture due to osteoporosis, and the 'sit back and take it easy' attitude to old age all work against adequate exercise in the elderly, even though exercise seems to be the most significant

health need for this group (19). Nutrition and adequate sleep are also important but exercise strongly affects both of these areas. Exercise improves appetite, so the more is eaten the more likely nutritional requirements will be met, and exercise improves sleep (19).

Physical mobility results in significant benefits for the elderly. By enhancing the quality of life, adequate exercise provides greater independence, greater control over daily activities and thus an improved ability for self-care (19). There are immediate or short term benefits to enhance physical social and emotional well being. Exercise improves flexibility, alertness, reduces stress, promotes better sleep and a feeling of satisfaction from positive self care. There are also the social benefits of enjoyment and shared experience in groups of similar age. There are important long term benefits in terms of cardiovascular fitness, blood pressure, and the retardation of bone density loss by weight bearing exercise (19).

It is said the 'you are only as old as you feel' and this is very relevant in issues of exercise and ageing. Chronological age becomes virtually meaningless in terms of capabilities. Each person has a individual level of achievement. However, age does strongly affect social expectations of behaviour and competency (19). There are many valid barriers to activity but the cultural beliefs about both women and the elderly are not based on facts. Many older women have been socialised to believe that for them, exercise is risky and inappropriate. Their health, both physical and mental would benefit if this barrier was removed.

BENEFITS OF EXERCISE - PHYSICAL AND MENTAL

Physical fitness improves our stamina, strength and suppleness, this has positive health effects both physically and mentally. Along with nutrition, exercise is an important lifestyle variable that has direct health effects. Strength and stamina are important for the performance of everyday tasks. Confidence and comfort with freedom of movement is important for general well-being. These are important at all ages but are especially important to maintain as women grow older.

Fitness improves cardiovascular functioning and lowers blood pressure (5). Weight bearing exercise is crucial to the maintenance of bone mineralisation so adequate exercise and calcium intake are significant factors in the achievement of a good peak bone mass in youth and to reducing the rate of loss after menopause. Arthritis, a common complaint in elderly women, also benefits substantially from regular moderate exercise (19).

Mental benefits of exercise include; mood elevation

(effective against slight to mild depression), the relief of tension, and improved confidence and self esteem (5,19).

Exercise is also of significant social benefit when undertaken with friends or in groups.

CONCLUSION

Exercise promotion is an important part of any preventative health action. Any promotion needs to consider the gender issues involved. To reach as many women as possible special attention should be paid to issues of body image, reasons for exercise, relationship to diet, and the concerns of ageing women.

Education to enhance understanding and refute myths is a crucial step, but education alone will not change behaviours. Attention must also be paid to broader social issues of discrimination, body image and sexism before women feel truly free to move.

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